12078-201

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Attorney Docket Number

DECLAR	ATION I	FOR UTILI	TY OR L				<del></del>	
DESIGN				First Named Invento	r	Allen M. Jones		
PAT	N	COMPLETE IF KNOWN						
		R 1.63)	<u> </u>	Application Number				
Declaration		Declara	tion	Filing Date				
Submitted With Initial	OR		ed after Initial	Art Unit				
Filing			₹ 1.16 (e))	Examiner Name				
I hereby declare th	at:							
Each inventor's resi	dence, mai	iling address, a	and citizenship are a	as stated below ne	xt to the	eir name.		ł
	I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
System and M	ethod F	or Detectin	g Hazardous M	laterials Using	g Agita	ation		
(Title of the Invention)								
the specification of which								
is attached hereto								
is attached	Herero							
OR	Hereto	•						Ì
OR		· · · · · · · · · · · · · · · · · · ·		as I Inited Stat	es Annli	ication Numbe	ar or PCT Ir	nternational
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[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Pat nt Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made of and belief are believed to be true; and further that these statements were made with the knowledge that statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and the false statements may jeopardize the validity of the application or any patent issued thereon.	at willful false
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor	•
Given Name (first and middle [if any]) Allen M.  Family Name or Surname Jones	
	1,03
Residence: City  State  Country  US  US  US	
Mailing Address 11135 Dewey Road	
City State ZIP Country	<del></del>
Kensington MD 20895 US	
NAME OF SECOND INVENTOR:  A petition has been filed for this unsignation.	gned inventor
Given Name  (first and middle [if any])  Clifford A.  Family Name  Family Name	
Inventor's Signature Date	
Residence: City State Country Citizenship	
Thousand Oaks CA US US	
Mailing Address c/o Perkins, Smith & Cohen, LLP; One Beacon St., 30th Floor	
City State ZIP Country	
Boston MA 02108 US	
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto	0.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## **DECLARATION** — Utility or Design Patent Application

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Direct all correspondence to:	Customer Number	er: 2	26486	OR	Corresp	oondence address below
Name						
Address						
City			State			ZIP
Country	Telepho			Fax		
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and further that de are punishable by fir	t these stat	tements we onment, or	ere made with both, under 18	the kno	wledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:	<b>↓</b> □ A p	etition has	been filed for th	<u>is unsign</u>	ned inventor
Given Name (first and middle [if any]) Allen M.				Family Name or Surname Jones		
Inventor's Signature						Date
Residence: City	State		Country		Citizer	nship
Kensington	MD		us		us	
Mailing Address 11135 Dewey Road						
City	State		ZIF	)		Country
Kensington	MD		208	95		US
NAME OF SECOND INVENTO	PR:				en filed f	for this unsigned inventor
Given Name (first and middle [if any]) Clifford A.	n MA		n i	Family Name		
Inventor's Signature	dt IV legs	uk_	<b>T</b>			Bate 20/03
Residence: City  Thousand Oaks	State CA	— <del></del>	Country		Citizer	nship
Thousand Oaks  Mailing Address			US	<del></del>	us	
Mailing Address c/o Perkins, Smith & Cohen, LLP; C	One Beacon St., 30th Floor	r 			_	
City	State		ZIP	· · · · · · · · · · · · · · · · · · ·	Count	гу
Boston	МА	<del></del>	0210	)8	US	
Additional inventors or a legal re	presentative are being named	on the 1	supplemental s	sheet(s) PTO/SB/02	A or 02LR	attached hereto.

PTO/SB/02A (10-00)

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#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

		<del> </del>	<del></del>		
Name of Additional Joint Inventor, if any	y:		A petition has bee	n filed for th	nis unsigned inventor
John T. Given Name		9	Swidenily Name Surname	er	
Inventor's Signature					Date 8 25 03
Port Crane Residence: City	NY State	U: 	S untry		US Citizenship
990 Ballyhack Road Mailing Address					
Mailing Address	·		·		-
City Port Crane	NY State	13 Zi	8833 P	US Countr	у
Name of Additional Joint Inventor, if any	y:		A petition has been	filed for thi	s unsigned inventor
Given Barry Name			Wak amily Name Surname	(e	
Inventor's Signature Saus Color	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Date 08/21/2003
Remington Residence: City	VA State	U. c	S ountry		US Citizenship
12274 Piney Lane Mailing Address					
Mailing Address					
Remington	VA State	<b>E</b>	2734-9600 IP	US Counti	у
Name of Additional Joint Inventor, if an	y:	□ A	petition has been	التدري النادي التداري الدائي راددي	unsigned inventor
Given Name			ily Name urname		
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
City	State		ZIP	Co	ountry

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First Named Inventor	Alien M. Jones	-
Group Art Unit		
Examiner Name		
Attorney Docket Number	12078-201	

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Leland D.	Schultz	30,322	
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The above-menti	oned Customer Number.	•	
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Address	Harvey Kaye		
Address	One Beacon Street		
City	Boston	State MA	Zip 02108
Country	U.S.		
Telephone	(617) 854-4000	Fax (617) 854-4	040
I am the:			
Applicant/Inve	ntor.		
		NED 0 74	
	ecord of the entire interest. See 37 C der 37 CFR 3.73(b) is enclosed. (Fo		
	SIGNATURE of Applicant or A		
Name	M. Jones		
	All & Jack		
Signature	Ille 1 Trus	<del> </del>	
	tugust 21, 03		/ \
NOTE: Signatures of all the in forms if more than one signature.	ventors or assignees of record of the entire in required, see below.	nterest or their representative	(s) are required. Submit multiple
☑ *Total of _4	forms are submitted.		

**→** [+]

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Application Number		
Filing Date		
First Named Inventor	Allen M. Jones	
Group Art Unit		
Examiner Name		
Attorney Docket Number	12078-201	

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Leland D. So	hultz	30,322	
•	r agent(s) to prosecute the application in States Patent and Trademark Office cor		
The above-mention	espondence address for the above-ident ned Customer Number.	ified application	to:
OR	<del></del>		
Firm or Individual Name	Perkins, Smith & Cohen, I	LP	
Address	Harvey Kaye		
Address	One Beacon Street		
City	Boston	State MA	Zip 02108
Country	U.S.		
Telephone	(617) 854-4000	Fax (617) 854-	4040
I am the:  Applicant/Invent  Assignee of rec	or. ord of the entire interest. See 37 CFR 3.	71.	
· ·	r 37 CFR 3.73(b) is enclosed. (Form PT		
	SIGNATURE of Applicant or Assign	ee of Record	
Name Cliffor	d A. Megerle		
Signature	Athora H Velelle.	1	
Date /	2/8	0/03	
NOTE: Signatures of all the inve	ntors or assignees of record of the entire interest is required, see below*.	or their representativ	ve(s) are required. Submit multiple
	orms are submitted.	<del></del>	<del></del>

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AUTHORIZATION OF AGENT	Group Art Unit	
	Examiner Name	
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**Application Number** 

Attorney Docket Number | 12078-201

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Address		One Beacon Street			
City	<del> </del>	Boston		State MA	Zip 02108
Country		U.S.			
Telephone		(617) 854-4000		Fax (617) 854	4-4040
I am the:  Appl	licant/Invent	or.			
	_	ord of the entire inter r 37 CFR 3.73(b) is e			
		SIGNATURE of	Applicant or Assigne	ee of Record	
Name	John	. Swider			
Signature		the T	1/2 mil		
Date		8/05/03	J		
			ord of the entire interest of	or their representa	ative(s) are required. Submit multiple
orms if more than  ✓ *Total of _4		is required, see below*. rms are submitted.			<del></del>
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Application Number		
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First Named Inventor	Allen M. Jones	
Group Art Unit		
Examiner Name		
Attorney Docket Number	12078-201	

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<u> </u>				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all				
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Address	One Beacon Street			
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Country	U.S.			
Telephone	(617) 854-4000	Fax (617) 854-4040		
I am the:  Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	Barry Wake			
Signature	Bampellale			
Date	08/31/2003			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
☑ *Total of _4forms are submitted.				

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